

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
McCOLLUM, individually, and STEPHANIE §
KINGREY, individually and as independent §
administrator of the Estate of LARRY GENE §
McCOLLUM, §
PLAINTIFFS §
§
v. § CIVIL ACTION NO.
§ 4:14-cv-3253
§ JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE. §
DEFENDANTS §

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 14

Patient Account: 20005972-517
 Med. Rec. No.: (0150)221390N
 Patient Name: WEBB, ROBERT ALLEN
 Age: 51 YRS DOB: 02/11/61 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/09/11 0858
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University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

1569761

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00165

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS
 Date/Time of Death: 8/4/2011 05:05 Date/Time of Autopsy: 8/9/2011
 Pathologist/Resident: CAMPBELL/XU Service: TDC CONTRACT
 Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

FINAL AUTOPSY DIAGNOSIS

- I. Body as a whole: History of exposure to high ambient temperature (the unit afternoon temperature, 97.5 deg.F), sudden unexpected death, and status post cardiopulmonary resuscitation. C1,2
- A. Heart: Hypertrophy, mild (weight, 400 gm) A3
- B. Coronary artery, LAD: Myocardial bridging (length, 2 cm; 2.5 cm from origin) A3
- C. Coronary artery, LAD: Mild atherosclerosis A3
- D. Blood, post-mortem heart: Toxicologic evidence of citalopram level consistent with toxicity (1100 ng/mL) A3
- E. Lungs: Congestion (weight, right, 800 gm, left, 680 gm) A3
- F. Lungs: Focal hemorrhage and edema A3
- G. Lung, bilateral: Emphysema A3
- H. Aorta, infra-renal: Mild atherosclerosis A3
- I. Ribs: No evidence of fractures A5

- II. Other findings:
 - B. Liver: Chronic hepatitis with focal activity A4
 - C. Pelvic wall, right lateral: Surgical prosthesis (plastic mesh), probably for repair of inguinal hernia A5

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Feb 27 2012 Cm

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***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
 IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
 3-contributory COD; 4-concomitant, significant; 5-incidental ***

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CLINICAL SUMMARY:

The decedent was a 50-year-old Caucasian male inmate with a past medical history of Hepatitis C (positive for HCV antibody by serology), esophageal reflux (caustic lye ingestion at age of 6 years), adjustment disorder with mixed anxiety and depression, and right cheek subcutaneous mass. He smoked 2 ppd for 30 years and quit 5 years ago. He consumed alcohol 6.0 oz per week, 12 can(s) of beer per week, and quit 5 years ago. On 3/1/2010, he had an office visit at UTMB for a right cheek mass (2 cm) slowly growing for 1 year, associated with occasional pain. He reported a 10 lb weight loss for months due to reduced intake from acid reflux. On 3/26/2010, he underwent fine needle aspiration of the cheek mass which showed acellular keratin consistent with an epidermal cyst.

The patient's current medications included: Thorazine (chlorpromazine), Celexa (citalopram), and Omeprazole. 8/2/2011, the patient's EKG showed ventricular tachycardia and two hour cardiopulmonary resuscitation (CPR) was performed. On 8/4/2011 at 0315, the patient was found by a correctional officer lying unresponsive on a mattress which was on the cell floor. CPR was initiated, and the EKG showed ventricular tachycardia. (The date printed on the EKG strip was 8/2/2011. The OIG investigator verified the date/time printed from the device was not correct. It should be 8/4/2011). The patient's skin was warm and moist. No body temperature was taken (The temperature in the unit was 97.5 deg. F at noon on 8/4/2011). The patient's vital signs were unable to be obtained. He was intubated and attempted IV therapy was unsuccessful. AED was applied and EKG monitor showed asystole. He was pronounced dead at 0505 on 8/4/2011. A complete autopsy was performed on 8/9/2011.

YX /da
09/02/11

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GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by left toe ID tag as "Webb, Robert Allen", is a well nourished, well developed, white male, measuring 178 cm in length, and weighing approximately 179 lbs according to recent medical records. The general appearance is consistent with the reported age of 50 years. The body is unclad. Rigor mortis is present in the arms and legs and there is fixed lividity on the dorsal surface. The head is normocephalic with gray hair.

The irides are brown with unequal pupils right side measuring 0.4 cm, the left side 0.3 cm in diameter. The corneas are clear, the conjunctivae are slightly congested, and the sclerae are pale with no jaundice. The nares are patent with no exudate. There are no upper teeth and the right lower teeth are absent. Buccal membranes are normal with no lesions. No mass is identified on the face. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male with sparse hair over the lower legs. The chest diameters are normally proportioned. The abdomen is flat. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The back is unremarkable. The arms and legs are unremarkable. The genitalia are normal male for the age.

The following evidence of medical intervention is present: Two EKG leads on the right upper chest.

The following marks and scars are present: There are two abrasions on the middle of left face about 2.5 cm away from the nose. The abrasions measure 0.5 cm and 1.5 cm in diameter. One abrasion is found on the left lower chest, measuring 3.5 x 2.5 cm in size. There are two abrasions identified on the left elbow laterally, measuring 0.5 and 1.5 cm in diameter. There are multiple tattoos on the body: 1. A tattoo is seen on the left upper arm laterally. Another tattoo is found on the left forearm laterally. There are four healed and linear scars on this tattoo measuring 3 cm to 14 cm in length. 2. A tattoo is seen on the right upper chest. 3. There is a big tattoo is seen around the right upper arm. 4. There is a tattoo of two hearts on the right forearm dorsally and two linear well healed scars are found on this tattoo, measuring 7 and 12 cm in length. 5. A tattoo is found on the dorsal surface of right hand. There are multiple linear scars on the left index finger measuring 2 to 3 cm in length.

INTERNAL EXAMINATION: The body is opened using a standard Y shaped incision, to reveal a 3 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. The lungs approach each other in front of the

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GROSS DESCRIPTION:

heart. The left pleural cavity contains no fluid, and the right 60 ml of bloody fluid.

The pericardial sac contains 10 ml of clear fluid. No ribs are fractured.

The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries.

The abdominal cavity contains no fluid. There are no peritoneal adhesions.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 400 gm (normal male 270-360). The pericardium is smooth and glistening. There is moderate amount of epicardial fat. The left and right coronary ostia are identified in their normal locations. The heart is examined by transverse serial slicing of four sections from apex and then opening following the flow of blood. The remaining myocardium is homogeneous red-brown and no scars present. The endocardium is normal. The left ventricular wall is 1.5 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous.

Valve circumferences measured on the fresh heart are: tricuspid valve 12 cm (normal 12-13 cm), pulmonic valve 6 cm (normal 8.5-9.0 cm), mitral valve 11.5 cm (normal 10.5-11.0 cm), and aortic valve 7.7 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is right dominant based on the origin of the posterior descending artery. The apex is supplied by the left anterior descending artery. The coronary arteries reveal mild atherosclerotic plaques with up to 10% occlusion of the LAD located 1 cm from the origin. There is no evidence of hemorrhage or rupture of the plaques. There is myocardial bridging measuring 2 cm in length, 2.5 cm from the origin. The infrarenal aortic segment exhibits 10% surface area involved with plaques. The aorta exhibits less than 5% surface area involved with plaques. The celiac, superior and inferior mesenteric, renal and iliac arteries are unremarkable with minimal atherosclerosis. The bilateral, iliac arteries exhibit about 10% surface area with plaques. The superior and inferior vena cavae and their branches are normal. The portal vein is normal.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is pink-red, and the vocal cords are normal with no lesions. The tracheal mucosa is normal.

Lungs: Palmar edema is visible as frothy fluid admixed in the bronchi. The right lung weighs 800 gm (normal male 435), and the left 680 gm (normal male

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GROSS DESCRIPTION:

385). The pleural surfaces with moderate amount of carbon deposition. The evidence of emphysema is seen on both of the lungs. Lividity is present on the dorsal surface. The right lung is inflated with formalin before sectioning. The bronchial and vascular trees are normal. The hilar nodes are normal. The lung parenchyma is dark red with no obvious consolidation.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is gray-red and no obvious erosions or strictures are identified. No esophageal varices are identified.

Tongue: The tongue has a finely granular surface with no coating.

Stomach and duodenum: The stomach contains about 30 ml of gray-green fluid. The mucosa is normal.

The duodenal mucosa is normal.

Pancreas: The pancreas has a normal conformation. It is gray-green, normally lobulated and firm in consistency. The pancreatic duct is patent.

Biliary tract: The gallbladder serosa is gray-green and glistening. The gallbladder contains about 30 ml of green bile and no stones are identified. The mucosa is gray and lividity. The wall measures up to 1 mm thick, and is unremarkable. The cystic duct, hepatic duct, and common duct are normal, and bile is expressed freely from the ampulla on compressing the gallbladder.

Liver: The liver weighs 1150 gm (normal male 1400-1900). The liver surface is smooth and homogeneous. Glisson's capsule is transparent and glistening. The liver is serially sliced to reveal a homogeneous lobular pattern. The cut surface is gray-pink without focal abnormality.

Small Bowel: The serosa is smooth and transparent with no adhesions. The bowel is normal throughout. The lumen contains gray-tan fluid. The mucosa is normal.

Large bowel: The serosa is smooth, transparent with no adhesions. The lumen contains well formed stool. The mucosa is normal.

The appendix is grossly normal.

Rectum and anus: The rectum and anus are normal.

Reticulo-Endothelial System: Spleen: The spleen weighs 290 gm (normal 125-195 gm). It is normal in shape, size, density and color. The cut surface is soft and red-purple.

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GROSS DESCRIPTION:

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

Spine: The spine is normal.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are normal density.

GENITO-URINARY SYSTEM: Kidneys: The kidneys are symmetric. The right kidney weighs 130 gm and the left 140 gm (normal male 125-170 gm). The capsules strip with ease to reveal tan-pink cortical surfaces. The cut surface reveals demarcated cortico-medullary junctions. The pelvis and calyces are normal. The renal pelvic mucosa is normal.

Ureters: The ureters are normal throughout their length, measuring 0.4 cm in maximal external diameter. They are probe-patent into the bladder.

Bladder: The bladder is dilated with no hemorrhage. The trigone is normal.

Prostate: The prostate is normal in size, color, consistency, and texture. Serial slicing reveals normal granular surfaces without distinct architecture. The seminal vesicles are normal.

Testes: The right testis weighs 26.1 gm, and the left 22.7 gm (normal 20-25 gm). The tunicae albuginea are tan-white, smooth and glistening. The cut surfaces are soft and tan-yellow, with no lesions.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 15.6 gm (normal 10-22 gm), and is red-brown, bosselated and glistening. The cut surface is homogeneous, translucent, red-brown. No lesions are identified.

Parathyroids: Several golden-brown, soft fragments of tissue are collected as possible parathyroids.

Adrenal glands: The right adrenal gland weighs 7.1 gm and the left 8.5 gm (normal 5-6 gm). The adrenal glands have a normal conformation and position. Serial slicing in the transverse plane reveals 1 mm thick firm golden yellow cortices, with gray soft medullae with no lesions.

BRAIN AND SPINAL CORD: The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1340 gm (normal male 1200-1400). The gyri and sulci display a normal pattern without edema or atrophy. The leptomeninges are unremarkable. The circle of Willis, basilar and vertebral arteries show no atherosclerosis. No indentation/herniation of the cingulate gyri, unci or

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Plaintiffs' Exhibit App'd.135

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Pathology Report**FINAL AUTOPSY REPORT**

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GROSS DESCRIPTION:

molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The grossly normal pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

Blood was submitted for toxicology tests and a vitreous sample was submitted for electrolyte analysis and osmolarity test (results from the latter not yet available - will be reported as an addendum). Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination.

Toxicology Results:

Blood drawn postmortem from heart was submitted for toxicologic analysis to Aegis Sciences Corporation, Nashville, TN, for the following tests:

41150 - Chlorpheniramine; 41168 - Citalopram (Celexa)

Results are as follows:

Drug Class	Result	Quantitation	Reporting Threshold
Chlorpheniramine	NONE DETECTED		1 ng/mL
Citalopram	POSITIVE	1100 ng/mL	1 ng/mL

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MICROSCOPIC DESCRIPTION:

Heart, right and left ventricle, Slides 15-19, (5 H&E):
In the posterior wall of left ventricle, there is focal subendocardial mild patchy interstitial fibrosis. A few wavy fibers are in the septum. There are no fibrosis scars or thrombi in the left and right ventricle.

Lung, left, Slides 10 and 11 (2 H&E):
The architecture is preserved and there is focal pleural fibrosis. The parenchyma demonstrates diffuse congestion and focal hemorrhage. There is edema in the left lower lobe. No thrombus is noted.

Lung, right, Slides 12-14 (3 H&E):
The architecture is preserved and demonstrates congestion. There is focal hemorrhage. Mild emphysema is noted in right upper and middle lobe. No thrombus is noted.

Kidney, bilateral, Slides 5 and 6, (2 H&E):
There is autolysis of the tissue which prevents detecting early acute tubular necrosis. There is multifocal interstitial fibrosis with minimal lymphocytes infiltration. There are a few complete sclerotic glomeruli.

Adrenal gland, Slides 1 and 2, (2 H&E):
There is severe autolysis but the architecture is preserved.

Liver, Slide 4, (1 H&E):
There is mild steatosis. Lymphocytes infiltration in the portal triads is suggestive of lymphocytic triaditis. There is focal lobular invasion of lymphocytes. Focal bridging fibrosis is suggestive of early stage of cirrhosis, which indicates chronic hepatitis with focal activity.

Spleen, Slide 21, (1 H&E):
There is severe congestion. The red pulp is expanded due to congestion and the white pulp is atrophic.

Pancreas, Slide 22, (1 H&E):
There is severe autolysis but normal architecture without pathologic change.

Thyroid, Slide 3, (1 H&E):
There is no pathologic change.

Parathyroid, Slide 23, (1 H&E):
One piece of parathyroid gland is identified and there is no pathologic change.

Testes, Slides 1 and 2, (2 H&E):
There is active spermatogenesis and it is appropriate for given age.

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MICROSCOPIC DESCRIPTION:

Prostate, Slide 9, (1 H&E):
No pathologic change is noted.

Urinary bladder, Slide 9, (1 H&E):
There is autolysis. No pathologic change is noted.

Tongue, Slide 20, (1 H&E):
No pathologic change is noted.

Esophagus, Slide 7, (1 H&E):
There is mucosal autolysis but otherwise no pathologic change.

Stomach, Slide 7, (1 H&E):
There is mucosal autolysis but otherwise no pathologic change.

Gallbladder, Slide 8, (1 H&E):
There is mucosal autolysis with no pathologic change.

Ileum, Slide 8, (1 H&E):
There is mucosal autolysis and submucosal lymphoid hyperplasia.

Sigmoid colon, Slide 8 (1 H&E):
There is mucosal autolysis with no pathologic change.

Bone marrow, Slide 25, (1 H&E):
Cellularity is 70%. Myeloid, erythroid, and thrombocytic lineages are identified. The trabecular bone is normal.

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CLINICOPATHOLOGIC CORRELATION:

The decedent was a 50-year-old Caucasian male inmate with a past medical history of Hepatitis C (positive for HCV antibody by serology), esophageal reflux (caustic lye ingestion at age of 6 years), adjustment disorder with mixed anxiety and depression, and right cheek subcutaneous mass. The patient's current medications included: Thorazine (chlorpromazine), Celexa (citalopram), and Omeprazole. On 8/2/2011, the patient's EKG showed ventricular tachycardia and two hour cardiopulmonary resuscitation (CPR) was performed. On 8/4/2011 at 0315, the patient was found unresponsive in his cell, and resuscitation attempts were unsuccessful. A complete autopsy was performed on 8/9/2011.

At autopsy, the major organs showed advanced decomposition grossly and severe autolysis microscopically. The aorta and the coronary arteries exhibited mild atherosclerosis. The left anterior descending branch exhibited myocardial bridging, measuring 2 cm in length, beginning at 2.5 cm from the origin. The heart demonstrated mild left ventricular hypertrophy. Both lungs were congested and had focal hemorrhage and edema. The right lung showed mild emphysema. The liver revealed chronic hepatitis with focal activity.

According to this patient's clinical history and autopsy findings, environmental hyperthermia related heat stroke is a consideration. Heat stroke (HS) is a serious and potentially life-threatening condition defined as a core body temperature greater than 40.6 C. Two forms of HS are recognized, classic heat stroke, usually occurring in very young or elderly persons, and exertional heat stroke, more common in physically active individuals. An elevated body temperature and neurologic dysfunction are necessary but not sufficient to diagnose HS. Associated clinical manifestations such as extreme fatigue; hot dry skin or heavy perspiration; nausea; vomiting; diarrhea; disorientation to person, place, or time; dizziness; uncoordinated movements; and reddened face are frequently observed. Potential complications related to severe HS are acute renal failure, disseminated intravascular coagulation, rhabdomyolysis, acute respiratory distress syndrome, acid-base disorders, and electrolyte disturbances. Long-term neurologic sequelae (varying degrees of irreversible brain injury) occur in approximately 20% of patients. The prognosis is optimal when HS is diagnosed early and management with cooling measures and fluid resuscitation and electrolyte replacement begins promptly. The prognosis is poorest when treatment is delayed more than 2 hours.

A heat wave is defined as three or more consecutive days with air temperatures greater than 32.2 C. Exposure to excessive heat may cause illness, as heat directly induces tissue injury with severity dependent upon the critical thermal maximum (ie, the level and duration of core heating). The critical thermal maximum in humans is a body temperature of 41.6 C to 42 C for between 45 minutes and 8 hours. At extreme body temperatures (eg, 49 -50 C), all cellular structures are destroyed and cellular necrosis occurs in less than 5 minutes.

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CLINICOPATHOLOGIC CORRELATION:

The precise incidence of HS is unknown for many reasons. First, in the United States, heat-related death is not a reportable condition in any state. Second, the definition of HS varies, resulting in under reporting of HS cases. Third, many heat-related illnesses and deaths are unrecognized as such and are not reported. Therefore, the reported incidence of HS in the United States varies from 17.6 to 26.5/100,000. Why some cases progress to HS and others do not is unclear, but it appears that genetic polymorphisms may determine susceptibility; the likely candidate genes include those that encode cytokines, coagulation proteins, and heat shock proteins. Mortality rates for HS range from 10% to 70%, depending on the severity and age of the patient. The greatest numbers of deaths occur when treatment is delayed for more than 2 hours.

This patient had several risk factors of HS: lack of air conditioning, chronic illness, and use of Thorazine (chlorpromazine). Studies have showed Thorazine may impair thermoregulation. The cardiovascular system is frequently compromised in HS. The patient had ventricular tachycardia before his death. Confirmation of dehydration was attempted via vitreous humor electrolyte analysis, but prolonged postmortem intervals and putrefaction complicated the assessment.

Another issue that must be addressed in this case is the abnormally high level of citalopram (Celexa) in the post mortem blood obtained from the heart (1100 ng/mL, see toxicology report). This level is in the range reported to be in the toxic and/or lethal in several studies. [3-5] Potential reasons for a toxic level of this drug include overdose, changes in metabolism due to disease, and hemoconcentration due to dehydration. Clinical manifestations of citalopram toxicity include prolonged QT interval in the cardiac cycle and torsades de pointes (TdP), which is a potentially fatal type of ventricular arrhythmia. [6] The possibility of post-mortem redistribution of drugs, especially into heart blood must also be considered, however. This effect could artifactually considerably elevate the measured level over the actual level of the drug in circulating blood prior to death. A study of this effect reported only one case with measured citalopram levels, and in that case the ratio of the drug levels between blood drawn from femoral vein and heart was nearly unity (i.e. minimal redistribution effect). [7] Femoral blood could not be obtained in this case.

Based on the history of exposure to high ambient temperature and advanced organ autolysis, environmental-induced hyperthermia is likely a major factor contributing to death in this case. However, the measured toxic level of citalopram cannot be ruled out as a significant (and possibly major) factor. In either case, the manner of death must be considered accidental, as no evidence of suicidal intent has been presented.

Patient Name: WEBB, ROBERT ALLEN
 Patient Location: AUTOPSY
 Room/Bed:
 Printed Date / Time: 02/17/12 - 1311

Plaintiffs' ~~MSA~~ App'd 140

Page: 11

Patient Account: 20005972-517
Med. Rec. No.: (0150)221390N
Patient Name: WEBB, ROBERT ALLEN
Age: 51 YRS DOB: 02/11/61 Sex: M Race: C
Admitting Dr.: OUTSIDE TDCJ
Attending Dr.: OUTSIDE TDCJ
Date / Time Admitted: 08/09/11 0858
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Fax (409) 772-566
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-11-00165

CLINICOPATHOLOGIC CORRELATION:

References:

1. Yeo, T. Heat Stroke, A Comprehensive Review, AACN Clinical Issues, 2004; 15 (2): 280-293.
2. Prevention and treatment of heat injury. Med Lett Drugs Ther. 2003; 45:58-60.
3. Jonasson, B., Saldeen, T. Citalopram in fatal poisoning cases. Forensic Sci Int. 2002; 126:1-6.
4. Segura, L.J., Bravo, B. Postmortem citalopram concentrations: alone or along with other compounds. J Forensic Sci. 2004; 49:814-819.
5. Winek, C.L., et al. Drug and chemical blood-level data 2001. Forensic Sci Int. 2001; 122:107-123.
6. Chan, A., et al. Drug-induced QT prolongation and torsades de pointes: evaluation of a QT nomogram. QJ Med. 2007; 100:609-615.
7. Rodda, K.E., Drummer, O.H. The redistribution of selected psychiatric drugs in post-mortem cases. Forensic Sci Int. 2006; 164:235-239.

VX /da
09/02/11

GERALD A. CAMPBELL, M.D., PATHOLOGIST
02/17/12

(Electronic Signature)

Patient Name: WEBB, ROBERT ALLEN
Patient Location: AUTOPSY
Room/Bed:
Printed Date / Time: 02/17/12 - 1311

Page: 12

Plaintiffs' MSL Appx. 141
END OF REPORT

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
McCOLLUM, individually, and STEPHANIE §
KINGREY, individually and as independent §
administrator of the Estate of LARRY GENE §
McCOLLUM, §
PLAINTIFFS §
§
v. § CIVIL ACTION NO.
§ 4:14-cv-3253
§ JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE. §
DEFENDANTS §

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 15

Patient Account: 20005972-517

Med. Rec. No.: (0150)0145754

Patient Name: COOK, CHARLES LEE

Age: 54 YRS DOB: 11/02/57 Sex: M Race: C

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted: 08/09/11 1322

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Fax (409) 772-5683

Pathology Report

1457546

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00166

AUTOPSY INFORMATION:

Occupation: INMATE	Birthplace: UNKNOWN	Residence: TEXAS
Date/Time of Death: 8/8/2011 04:45	Date/Time of Autopsy: 8/10/2011	
Pathologist/Resident: CAMPBELL/KOSHY		Service: TDC CONTRACT
Restriction: NONE		

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

FINAL AUTOPSY DIAGNOSIS

I. Clinical history of hyperthermia (axillary temperature of 107.9 degrees Fahrenheit)

- A. Lungs, bilateral: pulmonary edema C1
- B. Brain: congestion (1670 grams) A4
- C. Blood toxicology positive for chlorpromazine (2.2 mcg/ml) A4
- D. Blood toxicology positive for carbamazepine (65 ng/ml) A4
- E. Liver: Autolysis A4
- F. Kidneys, bilateral: Autolysis A4
- G. Colon: Autolysis A4
- H. Ileum: Autolysis A4

II. Other findings:

- A. Heart: Cardiomegaly (weight 420 grams) A3
- 1. Heart, left ventricle: Myocyte hypertrophy A3
- B. Heart, left anterior descending artery: Atherosclerosis encompassing 60% of the lumen at maximal obstruction A3
- 1. Heart, subendocardium: Fibrosis A3
- C. Heart, ventricles: Biventricular dilation A3
- D. Arteries, aorta: Atherosclerosis of approximately 20% of surface area, predominantly infrarenal A5
- E. Heart, epicardium: Small focal collections of lymphocytes in the epicardium A5
- F. Spleen: Congestion A5

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***TYPE: Anatomic(A) or Clinical(C) Diagnosis.

IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD; 3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name: COOK, CHARLES LEE

Patient Location: AUTOPSY

Room/Bed: -

Printed Date / Time: 02/17/12 - 1310

Patient Account: 20005972-517*Med. Rec. No.:* (0150)0145754*Patient Name:* COOK, CHARLES LEE*Age:* 54 YRS *DOB:* 11/02/57 *Sex:* M *Race:* C*Admitting Dr.:* OUTSIDE TDCJ*Attending Dr.:* OUTSIDE TDCJ*Date / Time Admitted:* 08/09/11 1322*Copies to:*

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00166

CLINICAL SUMMARY:

This patient was a 53 year old white TDCJ inmate with a past medical history of schizoaffective disorder, mild mental retardation, and hypertriglyceridemia, who was found unresponsive in his cell on 8-8-11 at [REDACTED] 0 AM. The patient had no pulse or respirations. His skin was hot and dry, pupils were non reactive and dilated, and his face and nail beds were cyanotic. Cardiopulmonary resuscitation was started. An automatic external defibrillator was used which advised no shock and to continue resuscitation. Emergency medical services arrived, and an electrocardiogram was conducted and analyzed. It showed asystole, and resuscitation was subsequently stopped. The patient expired on 8-8-11 at 3:35 AM. Approximately 40 minutes after resuscitation was completed, axillary body temperature was recorded to be 107.9 degrees Fahrenheit.

JTK/da
08/11/11

Patient Name: COOK, CHARLES LEE*Patient Location:* AUTOPSY*Room/Bed:* -*Printed Date / Time:* 02/17/12 - 1310*Page:* 2

Patient Account: 20005972-517

Med. Rec. No.: (0150)0145754

Patient Name: COOK, CHARLES LEE

Age: 54 YRS DOB: 11/02/57 Sex: M Race: C

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted : 08/09/11 1322

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00166

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by right ankle identification as "Charles Cook", is a well developed, well nourished, white male, measuring 183 cm in length, and weighing approximately 200 lbs according to recent medical records. The general appearance is consistent with the reported age of 53 years. Rigor mortis is present in the arms and legs and there is fixed lividity on the posterior surfaces. The head is normocephalic with sparse white scalp hair. There are bluish-green areas of skin on the lateral surfaces of the lower chest wall and in the abdomen consistent with decomposition. These are seen bilaterally. There is also that same discoloration at the umbilicus.

The irides are blue in color with equal pupils measuring 0.3 cm in diameter. The corneas are cloudy, the conjunctivae are pale, and the sclerae are white. The nares are patent with no exudate. The patient has poor dentition. Buccal membranes are normal. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is normal male. The chest diameters are normally proportioned. The abdomen is slightly protuberant. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The back is remarkable for lividity. The arms are remarkable for cyanotic nail beds. The legs are unremarkable. There is fecal material on the posterior upper legs bilaterally. The genitalia are normal circumcised male for the age.

The following evidence of medical intervention is present: There is an endotracheal retractor in the patient's mouth. There is EKG leads on the right and left shoulders approximate in the area of the clavicles. There is an EKG lead on the right abdomen just parallel to the umbilicus.

The following marks and scars are present: No marks or scars were seen.

INTERNAL EXAMINATION: The body is opened using a standard Y shaped incision, to reveal a 1.5 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. Both pleural cavities contain no fluid.

The pericardial sac contains no fluid. No rib fractures are noted.

The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries.

The abdominal cavity contains no fluid. There are no adhesions.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 420 gm (normal male 270-360)

Patient Name: COOK, CHARLES LEE

Patient Location: AUTOPSY

Room/Bed: -

Printed Date / Time: 02/17/12 - 1310

Page: 3

Patient Account: 20005972-517
 Med. Rec. No.: (0150)0145754
 Patient Name: COOK, CHARLES LEE
 Age: 54 YRS DOB: 11/02/57 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/09/11 1322
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00166

GROSS DESCRIPTION:

and is normal in shape, slightly increased in size. The pericardium is normal. There is approximately 90% of the surface area of the heart covered with epicardial fat. The heart has a general appearance and texture consistent with decomposition. The heart is examined by transverse serial slicing. The remaining myocardium is normal. The endocardium is normal. The left ventricular wall is 1.5 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle and free wall, and the right ventricle is 0.3 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous.

Valve circumferences measured on the fresh heart are: tricuspid valve 12.5 cm (normal 12-13 cm), pulmonic valve 8.5 cm (normal 8.5-9.0 cm), mitral valve 11.6 cm (normal 10.5-11.0 cm), and aortic valve 8.4 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is right dominant based on the origin of the posterior descending artery. The apex is supplied by the left anterior descending artery. The coronary arteries reveal moderate atherosclerotic disease with approximately 60% occlusion of the left anterior descending artery located about 4 cm from the origin. There is no evidence of hemorrhage or thrombosis. The aorta exhibits approximately 20% of the surface area with atherosclerosis located mostly below the level of the renal arteries. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior vena cavae and their branches are normal. The portal vein is normal.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa is normal, and the vocal cords are normal. The tracheal mucosa is normal.

Lungs: The right lung weighs 1070 gm (normal male 435), and the left 880 gm (normal male 385). The pleural surfaces are smooth and contain anthracotic pigment bilaterally. The left lung is inflated with formalin before sectioning. The bronchial and vascular trees are normal. The hilar nodes are normal. The lung parenchyma is purple and smooth with fine porosity. Both lungs show edema and congestion.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is normal. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue has a finely granular surface with no coating.

Stomach and duodenum: The stomach contains 20 ml of chyme which is dark green and smooth. The mucosa is normal.

Patient Name: COOK, CHARLES LEE
 Patient Location: AUTOPSY
 Room/Bed: -
 Printed Date / Time: 02/17/12 - 1310

Patient Account: 20005972-517**Med. Rec. No.:** (0150)0145754**Patient Name:** COOK, CHARLES LEE

Age: 54 YRS DOB: 11/02/57 Sex: M Race: C

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted: 08/09/11 1322

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FINAL AUTOPSY REPORT

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Autopsy No.: AU-11-00166

GROSS DESCRIPTION:

The duodenal mucosa is normal.

Pancreas: The pancreas has a normal conformation. It is tan-yellow, normally lobulated. The pancreatic duct is patent.

Biliary tract: The gallbladder serosa is gray-green and glistening. The gallbladder contains 30 ml of dark green bile with no stones. The mucosa is dark green and smooth. The cystic duct, hepatic duct, and common duct are normal, and bile is expressed freely from the ampulla on compressing the gallbladder.

Liver: The liver weighs 1350 gm (normal male 1400-1900). The liver surface is smooth and homogeneous. The liver is serially sliced to reveal a homogeneous lobular pattern. The cut surface is dark green and smooth without focal abnormality. The liver has a general appearance of decomposition.

Small Bowel: The serosa has no adhesions. The bowel is normal throughout. The lumen contains semi-liquid material. The mucosa is normal. The small bowel has a general appearance of decomposition.

Large bowel: The serosa has no adhesions. The lumen contains feces. The mucosa is normal. The large bowel has a general appearance of decomposition.

The appendix is grossly normal.

Rectum and anus: The rectum and anus are normal. There is fecal material coming from the anus.

Reticulo-Endothelial System: Spleen: The spleen weighs 138.5 gm (normal 125-195 gm). It is normal in shape, size, density and color.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

Spine: The spine is normal.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are normal density.

GENITO-URINARY SYSTEM: Kidneys: The kidneys are symmetric. The right kidney weighs 140 gm and the left 160 gm (normal male 125-170 gm). The capsules strip with ease to reveal dark red cortical surfaces. Serial slicing reveals well demarcated cortico-medullary junctions. The cortices are 0.5 cm thick; the medullas 1.1 cm thick. Perihilar adipose tissue is increased. The kidneys have a general appearance of decomposition.

Patient Name: COOK, CHARLES LEE**Patient Location:** AUTOPSY**Room/Bed:** -**Printed Date / Time:** 02/17/12 - 1310**Page:** 5

Patient Account: 20005972-517
 Med. Rec. No.: (0150)0145754
 Patient Name: COOK, CHARLES LEE
 Age: 54 YRS DOB: 11/02/57 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/09/11 1322
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Pathology Report

FINAL AUTOPSY REPORT

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Autopsy No.: AU-11-00166

GROSS DESCRIPTION:

Ureters: The ureters are normal throughout their length, measuring 0.3 cm in maximal external diameter. They are probe-patent into the bladder.

Bladder: The bladder is normal. The trigone is normal.

Prostate: The prostate is normal in size, color, consistency, and texture. Serial slicing reveals normal granular surfaces without distinct architecture. The seminal vesicles are normal.

Testes: The right testis weighs 25 gm, and the left 22.9 gm (normal 20-25 gm). The tunicae albugineae are tan-white, smooth and glistening. The cut surfaces are soft and tan-yellow, with tubules which string with ease.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 24.2 gm (normal 10-22 gm), and is red-brown, bosselated and glistening. The cut surface is homogeneous, translucent, red-brown.

Parathyroids: The parathyroids could not be identified.

Adrenal glands: The right adrenal gland weighs 10.4 gm and the left 13.1 gm (normal 5-6 gm). The adrenal glands have a normal conformation and position.

BRAIN AND SPINAL CORD: The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1670 gm (normal male 1200-1400). The gyri and sulci display a normal pattern without edema or atrophy. The leptomeninges show no atherosclerosis. The circle of Willis, basilar and vertebral arteries show no atherosclerosis. No indentation/herniation of the cingulate gyri, uncus or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The grossly normal pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

Blood and vitreous samples were retained for potential further testing. Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination.

JTK/da
 08/15/11

Patient Name: COOK, CHARLES LEE
 Patient Location: AUTOPSY
 Room/Bed:
 Printed Date / Time: 02/17/12 - 1310

Patient Account: 20005972-517**Med. Rec. No.:** (0150)0145754**Patient Name:** COOK, CHARLES LEE**Age:** 54 YRS **DOB:** 11/02/57 **Sex:** M **Race:** C**Admitting Dr.:** OUTSIDE TDCJ**Attending Dr.:** OUTSIDE TDCJ**Date / Time Admitted:** 08/09/11 1322**Copies to:**

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Pathology Report**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00166

MICROSCOPIC DESCRIPTION:

All slides H & E unless stated otherwise. Autolysis means post mortem decomposition compromised the assessment.

Vertebrae, slide 1: 60-70% cellularity; thin trabeculae; normal mixture of erythroid precursors, myeloid precursors and megakaryocytes

Adrenal, slide 2: No pathologic change

Testis, slide 3: Active spermatogenesis; no pathologic change

Pancreas, slide 4: No pathologic change

Thyroid, slide 5: No pathologic change

Liver, slide 6: Severe autolysis, otherwise no pathologic change

Lung, left, slide 7: moderate edema; post mortem bacterial overgrowth; no thromboemboli or pneumonia noted

Lung, right, slide 8: moderate to severe edema; multifocal areas of hemorrhage; no thromboemboli or pneumonia noted

Kidney, right, slide 9: Autolysis, otherwise no pathologic change

Kidney, left, slide 10: Autolysis, otherwise no pathologic change

Heart, subendocardium, slide 11: thickened and fibrotic chordae tendineae; no evidence of acute ischemic change

Heart, right, slide 12: No pathologic change

Heart, left, anterior, slide 13: myocyte hypertrophy; no evidence of acute ischemic change

Heart, left, lateral, slide 14: small focal collection of lymphocytes in epicardium; no evidence of acute ischemic change

Heart, left, posterior, slide 15: myocyte hypertrophy; no evidence of acute ischemic change

Heart, septum, slide 16: No pathologic change

Spleen, slide 17: Congestion; normal amount of red and white pulp; no evidence of increased neutrophils

Patient Name: COOK, CHARLES LEE

Patient Location: AUTOPSY

Room/Bed: -

Printed Date / Time: 02/17/12 - 1310

Patient Account: 20005972-517
 Med. Rec. No.: (0150)0145754
 Patient Name: COOK, CHARLES LEE
 Age: 54 YRS DOB: 11/02/57 Sex: M Race: C
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FINAL AUTOPSY REPORT

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Autopsy No.: AU-11-00166

MICROSCOPIC DESCRIPTION:

Ileum, slide 18: Autolysis, otherwise no pathologic change

Colon, slide 19: Autolysis, otherwise no pathologic change

Blood toxicology was positive for Carbamazepine, 2.2 mcg/ml (reporting threshold = 2.0 mcg/ml) and Chlorpromazine, 65 ng/ml (reporting threshold = 50 ng/ml).

Vitreous electrolytes were non-contributory

JTK/da
 09/19/11

Patient Name: COOK, CHARLES LEE
 Patient Location: AUTOPSY
 Room/Bed: -
 Printed Date / Time: 02/17/12 - 1310

Page: 8

Patient Account: 20005972-517**Med. Rec. No.:** (0150)0145754**Patient Name:** COOK, CHARLES LEE**Age:** 54 YRS **DOB:** 11/02/57 **Sex:** M **Race:** C**Admitting Dr.:** OUTSIDE TDCJ**Attending Dr.:** OUTSIDE TDCJ**Date / Time Admitted:** 08/09/11 1322**Copies to:**

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Pathology Report**FINAL AUTOPSY REPORT**

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00166

CLINICOPATHOLOGIC CORRELATION:

This patient was a 53 year old white TDCJ male inmate found unresponsive in his cell on 8-8-11. The patient was pronounced dead the same day. An autopsy was done two days later on 8-10-11. His past medical history includes schizoaffective disorder, mild mental retardation and hypertriglyceridemia. His medications included chlorpromazine and carbamazepine.

Upon external examination of the body, it was noted that there were greenish areas around the abdomen consistent with decomposition. The kidneys, liver, and lower gastrointestinal tract showed autolytic changes microscopically. The lungs were found to be grossly and microscopically edematous. However, no pneumonias or other infectious processes were found. The spleen was noted to be congested. But again, there was no evidence of any systemic infection, which would manifest as increased neutrophils in the spleen. Toxicology was positive for both of his medications, chlorpromazine and carbamazepine, at recognized therapeutic levels. [Ref. 1]

The patient had multiple cardiovascular findings including cardiomegaly with myocyte hypertrophy seen microscopically, likely secondary to hypertension although that condition is not included in his medical history. There was an area of chordae tendineae fibrosis and the left anterior descending artery had atherosclerosis encompassing 60% of the lumen at maximal obstruction. Both ventricles were dilated and there was atherosclerotic disease of approximately 20% surface area of the aorta, located mostly below the levels of the renal arteries. It is unlikely, however, that any of these cardiovascular findings contributed significantly to the patient's death, given the clinical history.

Since this patient had an elevated body temperature, we felt it prudent to rule out all infectious causes. As stated above, there were no obvious sources of infections that could be identified in the various tissues, such as pneumonia or a kidney infection. No record of any blood, urine, or sputum cultures could be found, precluding direct evidence of infection as the cause of the hyperthermia.

It should be noted that chlorpromazine is a phenothiazine derivative known to interfere with heat dissipation. Afferent neurons into the hypothalamus, which is the body's temperature regulator, are inhibited by phenothiazines. The normal response to increased body temperature is to increase blood flow to the skin. However, this inhibition by phenothiazines leads to decreased cutaneous blood flow. This results in decreased heat dissipation and eventually hyperthermia.

Our conclusion from clinical history and autopsy evidence in this case is that the cause of death is hyperthermia and the manner of death is accidental.
References.

1. Winek, C.L., et al. Drug and chemical blood-level data 2001. Forensic Sci.

Patient Name: COOK, CHARLES LEE**Patient Location:** AUTOPSY**Room/Bed:** -**Printed Date / Time:** 02/17/12 - 1310**Page:** 9

Patient Account: 20005972-517*Med. Rec. No.:* (0150)0145754*Patient Name:* COOK, CHARLES LEE*Age:* 54 YRS *DOB:* 11/02/57 *Sex:* M *Race:* C*Admitting Dr.:* OUTSIDE TDCJ*Attending Dr.:* OUTSIDE TDCJ*Date / Time Admitted:* 08/09/11 1322*Copies to:*

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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00166

CLINICOPATHOLOGIC CORRELATION:

Int. 2001. 122:107-123.

JTK/da
09/19/11

GERALD A. CAMPBELL, M.D., PATHOLOGIST

02/17/12

(Electronic Signature)

Plaintiffs' MSJ Appx. 152

Patient Name: COOK, CHARLES LEE*Patient Location:* AUTOPSY*Room/Bed:* -*Printed Date / Time:* 02/17/12 - 1310

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END OF REPORT

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
McCOLLUM, individually, and STEPHANIE §
KINGREY, individually and as independent §
administrator of the Estate of LARRY GENE §
McCOLLUM, §
PLAINTIFFS §
§
v. § CIVIL ACTION NO.
§ 4:14-cv-3253
§ JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE. §
DEFENDANTS §

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 16

11/10/2011 9:44 Remote ID Imprint ID

D 2/12

Luis A. Sanchez, M.D.
Chief Medical Examiner



Main: (713) 796-9292
Fax: (713) 796-6844

Harris County Institute of Forensic Sciences

AUTOPSY REPORT

Case No. ML11-2363

August 10, 2011

ON THE BODY OF

1395315

Michael David Martone
Texas Department of Corrections
Huntsville, Texas

CAUSE OF DEATH: Hyperthermia

CONTRIBUTORY CONDITION: Hypertensive and atherosclerotic
cardiovascular disease

MANNER OF DEATH: Accident

DATE OF DEATH: August 8, 2011

Brandy Shattuck, M.D.
Forensic Pathology Fellow

11/8/11

MMDDYY

Reviewed by:

RECEIVED

NOV 10 2011 Cm

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Merrill O. Hines III, M.D.
Assistant Medical Examiner

11/8/11

MMDDYY

11/10/2011 9:44 Remote ID Imprint ID

3/12

ML11-2363

-2-

POSTMORTEM EXAMINATION ON THE BODY OF

Michael David Martone
Texas Department of Corrections
Huntsville, Texas

HISTORY: This 57 year old white man was transported to Memorial Hermann Texas Medical Center Hospital, via Life Flight, arriving at 9:31 p.m. on August 8, 2011, and was pronounced dead at 10:22 p.m. the same day.

AUTOPSY: The autopsy is performed at the Harris County Institute of Forensic Sciences by Forensic Pathology Fellow Brandy Shattuck, M.D., under the supervision of Assistant Medical Examiner Merrill O. Hines III, M.D., pursuant to Article 49.25, Texas Code of Criminal Procedure, beginning at 9:45 a.m. on August 10, 2011.

EXTERNAL APPEARANCE: The body is that of a normally developed, obese man clad in white shorts and white underwear. Within the white body bag are a green blanket and a white blanket.

The body weighs 300 pounds, is 75 inches in length, and appears compatible with the reported age of 57 years. Rigor mortis is not developed in the upper and lower extremities, neck, or jaw. Fixed red-purple lividity is posterior. The body is cool secondary to refrigeration.

The scalp hair is brown intermixed with gray and approximately 1/2 inch in length. There is no facial hair. The irides are brown. The corneae are clear, the conjunctivae are congested, and the sclerae are congested. There are no petechiae. The external auditory canals, nares, and oral cavity are free of foreign material. Purge fluid is in the oral cavity. The nasal septum is palpably intact. The lips are without injury. The lower teeth are natural. The upper teeth are absent.

Examination of the neck reveals no evidence of injury. The abdomen is protuberant.

The extremities have symmetric musculature with no hesitation scars or needle tracks.



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Michael David Martone

ML11-2363

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The external genitalia are those of an adult male with descended testicles. The posterior torso is symmetric.

IDENTIFYING MARKS AND SCARS: There are no scars. Multiple tattoos are present: on the right forearm, a Harley-Davidson logo and dragon; on the right upper arm, a dragon; on the left chest, the phrase "BROWN EYED LADY"; on the left arm, a skull with the name "ROXANNE" underneath; on the left forearm, the word "OUTLAW"; on the left wrist, a flower; on the right leg, a cat; on the right chest, an unidentified symbol; and on the left chest, a flower.

EVIDENCE OF THERAPEUTIC INTERVENTION: An endotracheal tube is positioned appropriately in the mouth. An intravenous catheter is on the posterior aspect of the right hand. Multiple electrocardiogram adhesive electrode pads are on the anterior chest and torso. Defibrillator pads are on the anterior right chest and lateral left chest. A bandage is in the right antecubital fossa overlying a needle puncture mark with associated ecchymosis.

EVIDENCE OF INJURY: A punctate wound is on the right anterior ankle.

INTERNAL EXAMINATION:

BODY CAVITIES: No adhesions are in any of the body cavities. No abnormal collections of fluids are within the body cavities. All internal organs are in the normal anatomic position. The subcutaneous fat layer of the abdominal wall is 3 inches thick.

HEAD (CENTRAL NERVOUS SYSTEM): The subscalp tissues are free of contusions. The calvaria are unremarkable. The dura mater and falx cerebri are intact. There is no epidural, subdural, or subarachnoid hemorrhage. The 1575 gram brain is normal in shape. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. The cerebral cortical ribbon is well-demarcated from the white matter. The deep nuclei and ventricles have the standard configuration with no lesions. Parasagittal views of the cerebellum and transverse views of the brainstem are unremarkable.

NECK: The strap muscles of the neck are without hemorrhage. The tongue has a single 4 millimeter focus of hemorrhage in the deep musculature, without overlying

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Michael David Martone

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mucosal injury. The hyoid bone and thyroid and cricoid cartilages are intact. The laryngeal mucosa is tan and glistening with no edema. The epiglottis is thin without edema. The atlanto-occipital articulation is stable. No cervical fractures are palpated.

CARDIOVASCULAR SYSTEM: The 550 gram heart has a smooth, glistening epicardial surface with a moderate amount of epicardial fat. The coronary artery system is normally distributed, has patent ostia and a right-dominant distribution. A yellow eccentric atherosclerotic plaque produces approximately 80–90 percent stenosis of the distal left anterior descending coronary artery. The circumflex and right coronary arteries are patent. The myocardium is red-brown, without pallor or fibrosis. The muscle is diffusely soft. The atrial and ventricular septa are intact. The wall thickness of the left ventricle is 1.7 centimeters, the right ventricle 0.3 centimeter, and the septum 1.7 centimeters. The chambers of the heart are not dilated. The endocardial surfaces are smooth and without hemorrhage. The four cardiac valves are thin, freely mobile, and measure as follows: tricuspid valve 13.5 centimeters, pulmonic valve 8.2 centimeters, mitral valve 11.0 centimeters, and aortic valve 7.5 centimeters.

The aorta and its major branches arise normally and follow their usual distribution, with scattered calcific atherosclerosis throughout. The venae cavae and their major tributaries return to the heart in their usual distribution and are free of thrombi.

RESPIRATORY SYSTEM: The 1200 gram right lung and the 1125 gram left lung have normal lobation. The pleural surfaces are smooth and shiny, with abundant anthracotic pigment deposition. The parenchyma is edematous and congested, without masses or hemorrhage. Cut surfaces exude copious amounts of serosanguineous fluid. The bronchi are unremarkable. The vasculature is without thromboemboli.

HEPATOBILIARY SYSTEM: The 1475 gram liver has a smooth, glistening intact capsule covering a dark red-brown, spongy parenchyma, without focal lesions or visible or palpable fibrosis.

The gallbladder contains greater than 30 milliliters of green-brown, viscous bile; the mucosa is velvety with yellow flecks. The extrahepatic biliary tree is patent, without evidence of calculi.



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Michael David Martone

ML11-2363

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ALIMENTARY SYSTEM: The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa exhibits the usual rugal folds and the lumen contains approximately 100 milliliters of red, thin fluid with no alcoholic aromatic odor, granular material or intact pills. The small intestines, colon, and appendix are unremarkable. The pancreas has a pink-tan lobulated appearance and the ducts are clear.

GENITOURINARY SYSTEM: The renal capsules are smooth, thin, and semi-transparent. The underlying cortical surfaces are smooth and pale tan. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelvis, and ureters are unremarkable. The right kidney weighs 225 grams and the left kidney weighs 250 grams.

The urinary bladder has no urine; the mucosa is pink-white and congested. The testes, prostate gland, and seminal vesicles are unremarkable.

RETICULOENDOTHELIAL SYSTEM: The 275 gram spleen has a smooth, intact capsule covering dark red-purple, soft parenchyma; the white pulp is grossly unremarkable. The regional lymph nodes are not enlarged.

ENDOCRINE SYSTEM: The thyroid gland has a normal shape and size with a uniform red-brown parenchyma. The parathyroid glands are inconspicuous. The adrenal cortices are golden yellow and uniformly thin while the medullae are thin and gray. The pituitary gland is unremarkable.

MUSCULOSKELETAL SYSTEM: The vertebrae, clavicles, sternum, ribs, and pelvis are without fracture or developmental abnormality. The musculature is normally distributed; a single 1.6 centimeter focus of intramuscular hemorrhage is in the right forearm near the wrist. The diaphragm is intact.

TOXICOLOGY: Blood, vitreous fluid, urine, bile, stomach contents, liver and brain are submitted.

HISTOLOGY: Representative sections of the heart, lungs, liver, kidney, pancreas, spleen, thyroid, adrenal, subcutaneous right arm hemorrhage, and brain are submitted.

MICROBIOLOGY: Heart blood is submitted for aerobic and anaerobic cultures.

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Michael David Martone

ML11-2363

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PATHOLOGIC DIAGNOSES

- I. Hyperthermia
 - A. History of weakness and light-headedness per nursing visit on August 8, 2011
 - B. Witnessed collapse in unit, per report
 - C. Wide complex tachycardia and hypotensive with Progression to PEA, per EMS run sheet
 - D. Bladder temperature of 106.5, per medical records
 - E. Unit maximum temperature of 105.3 per Huntsville unit temperature log
- II. Hypertensive and atherosclerotic cardiovascular disease
 - A. Cardiomegaly with concentric left ventricular hypertrophy
 - B. Myocyte hypertrophy with associated myocardial fibrosis
 - C. 80 percent stenosis, left anterior descending coronary artery
 - D. Nephro- and arteriolosclerosis
- III. Pulmonary anthracosis with emphysema
- IV. Clinical history of seizure disorder treated with Dilantin
- V. Clinical history of depression treated with nortriptyline
- VI. Early decomposition
- VII. Ancillary Studies
 - A. Microbiology, non-contributory
 1. Blood cultures: Clostridium sordellii consistent with putrefaction
 - B. Toxicology, non-contributory
 1. Postmortem toxicology
 - a. Ethanol of 0.03 g/dL in heart blood consistent with early decomposition; refer to attached toxicology report
 - b. Prescribed medications in postmortem blood sample; refer to attached toxicology report
 2. Vitreous electrolytes
 - a. Non-contributory; elevated potassium consistent with early decomposition; no evidence of dehydration in postmortem sample

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HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES
1885 OLD SPANISH TRAIL
HOUSTON, TEXAS 77054-2001

Brandy Shattuck, M.D.
Forensic Pathology Fellow

ML11-2363

MICROSCOPIC EXAMINATION

LIVER - Autolysis with background fibrosis.

KIDNEY - Sclerotic glomeruli, arteriolosclerosis, nephrosclerosis.

BRAIN - Perivascular clearing with associated pigment.

LUNGS - Atelectasis, congestion, anthracosis, airspace enlargement with alveolar septal destruction.

HEART - Myocyte hypertrophy with associated interstitial and perivascular fibrosis, bacteria without associated inflammation.

PANCREAS - Autolysis with associated fat necrosis.

THYROID - No histopathologic abnormality.

ADRENAL - No histopathologic abnormality.

SPLEEN - No histopathologic abnormality.

SKIN AND SUBCUTANEOUS HEMORRHAGE - Hyperkeratotic epidermis with underlying intramuscular hemorrhage without associated inflammation.



Brandy Shattuck, M.D.
Forensic Pathology Fellow

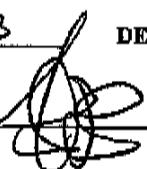


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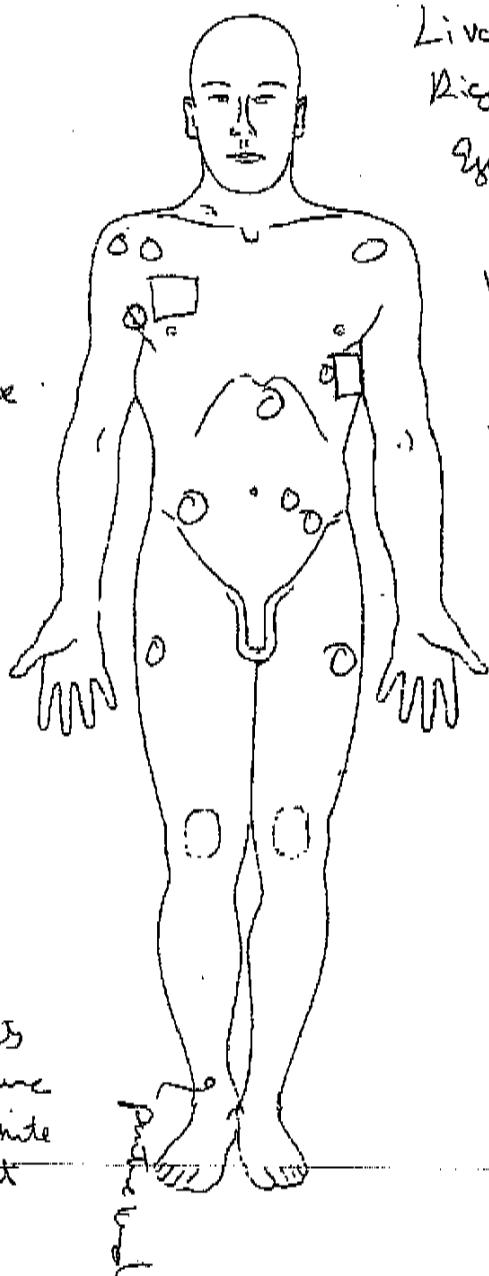
OFFICE OF THE MEDICAL EXAMINER OF HARRIS COUNTY
 JOSEPH A. JACHIMCZYK FORENSIC CENTER
 1885 OLD SPANISH TRAIL
 HOUSTON, TEXAS 77054-2098

CASE NO: MLLI-2363

DECEDENT'S NAME: Martone, Michael

DOCTOR'S SIGNATURE: 

Huey
 ET
 Foley
 Cold pack
 in pants
 R hand
 IV
 Dantecade
 bandage



White pants
 White unders
 Green & white
 blanket

Page 1 of 1

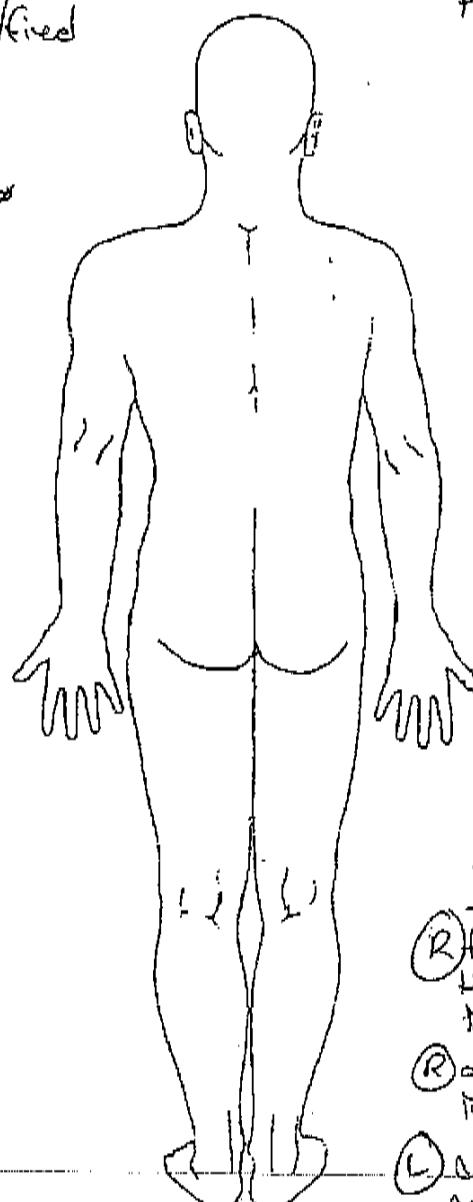
Plaintiffs' MSI App. 161

Not to scale

(R) Leg > Cat
 (L) Leg
 (L) Left finger
 much hair

(R) Hand
 (L) Forearm
 Outlaw
 (R) wrist band

Huey ID
 Lowrist
 me ID L
 wrist



Tattoo
 (R) forearm
 Handy
 Dragon
 (R) arm
 dragon
 (L) chest
 Draw Eye logo

(L) arm
 Roxane
 (L) Forearm
 Outlaw
 (R) wrist band

HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES

1885 Old Spanish Trail
 Houston, Texas 77054-2001
 Phone: 713-796-6830 Fax: 713-796-6838

LABORATORY REPORT

September 22, 2011

LABORATORY NUMBER: ML11-2363**Deceased:** MICHAEL DAVID MARTONE**Submitted By:**

Brandy Shattuck, M.D.
 Forensic Pathology Fellow
 Harris County Institute of Forensic Sciences
 1885 Old Spanish Trail
 Houston, TX 77054

Agency Number: ML11-2363**Submission Date:** August 10, 2011**Specimen: Blood (heart)**

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>
Ethanol	0.03 g/dL	Headspace GC
Nortriptyline	Presumptive positive	GC/MS

Specimen: Vitreous Humor

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>
Chloride	104 mEq/L	Ion Selective Electrode
Creatinine	0.9 mg/dL	Spectrophotometric
Glucose	21 mg/dL	Spectrophotometric
Potassium	12.0 mEq/L	Ion Selective Electrode
Sodium	139 mEq/L	Ion Selective Electrode
Urea Nitrogen	11 mg/dL	Spectrophotometric

Specimen: Bile

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>
Ethanol, Methanol, Isopropanol, Acetone	None Detected	Headspace GC

Specimen: Blood (heart)

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>
7-aminoclonazepam	None Detected	LC/MS/MS
Acetone, Methanol, Isopropanol	None Detected	Headspace GC
Alprazolam	None Detected	LC/MS/MS
Amphetamine	None Detected	Immunoassay
Barbiturates	None Detected	Immunoassay
Clonazepam	None Detected	LC/MS/MS
Cocaine Metabolite	None Detected	Immunoassay
Desalkylflurazepam	None Detected	LC/MS/MS
Diazepam	None Detected	LC/MS/MS
Lorazepam	None Detected	LC/MS/MS
Marijuana Metabolite	None Detected	Immunoassay
Methadone	None Detected	Immunoassay
Methamphetamine	None Detected	Immunoassay
Nordiazepam	None Detected	LC/MS/MS

Medical Examiner's Initial (initials)

Unless otherwise requested, toxicology specimens will be discarded one year after date of receipt.
 This Laboratory is Accredited by ASCLD/LAB-International and ABFT.

11/10/2011 9:44 Remote ID Imprint ID

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LABORATORY NUMBER: ML11-2363

DATE: September 22, 2011

Specimen: Blood (heart)**Analyte**

Opiates
 Other Standard Basic Drugs
 Oxazepam
 Phencyclidine
 Temazepam
 Triazolam

Result

None Detected
 None Detected
 None Detected
 None Detected
 None Detected
 None Detected

Analytical Method

Immunoassay
 GC/MS
 LC/MS/MS
 Immunoassay
 LC/MS/MS
 LC/MS/MS

Specimen: Vitreous Humor**Analyte**

Ethanol, Methanol, Isopropanol, Acetone
 Ketones

Result

None Detected
 None Detected

Analytical Method

Headspace GC
 Color Test

INSTITUTE OF FORENSIC SCIENCES

SEP 22 2011

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RECORDS CUSTODIAN*F. Guale*

Fossessework Guale, DVM, D-ABVT, FTS-ABFT
 Assistant Chief Toxicologist
 September 20, 2011

Ashraf Mozayani

Ashraf Mozayani, Ph.D., D-ABFT,
 Chief Toxicologist
 September 22, 2011

Medical Examiner's Initial

Unless otherwise requested, toxicology specimens will be discarded one year after date of receipt.
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PLAINTIFF'S MSJ APPENDIX

11/10/2011 9:44 Remote ID Imprint ID

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HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES

1885 Old Spanish Trail

Houston, Texas 77054-2001

Phone: 713-796-6830 Fax: 713-796-6838

LABORATORY SUPPLEMENTAL REPORT

October 24, 2011

LABORATORY NUMBER: ML11-2363**Deceased:** MICHAEL DAVID MARTONE**Submitted By:**Brandy Shattuck, M.D.
Forensic Pathology FellowHarris County Institute of Forensic Sciences
1885 Old Spanish Trail
Houston, TX 77054**Agency Number:** ML11-2363**Submission Date:** August 10, 2011**Specimen:** Blood (heart)

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>
Nortriptyline	1.1 mg/L	GC/MS
Phenytoin	6.2 mg/L	GC/MS

Specimen: Stomach Contents

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>
Nortriptyline	3.0 mg/L	GC/MS

Specimen: Blood (heart)

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>
Amitriptyline	None Detected	GC/MS

Specimen: Stomach Contents

<u>Analyte</u>	<u>Result</u>	<u>Analytical Method</u>
Amitriptyline	None Detected	GC/MS

HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES
OCT 25 2011

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RECORDS CUSTODIAN MB

Lynn DeCair, B.S., T.C. (N.R.C.C.), FTS-ABFT
Toxicologist
October 22, 2011

Jeff Walterscheid, Ph.D., D-ABFT
Assistant Chief Toxicologist
October 24, 2011

Medical Examiner's Initial

Unless otherwise requested, toxicology specimens will be discarded one year after date of receipt.
This Laboratory is Accredited by ASCLD/LAB-International and ABFT.

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
McCOLLUM, individually, and STEPHANIE §
KINGREY, individually and as independent §
administrator of the Estate of LARRY GENE §
McCOLLUM, §
PLAINTIFFS §
§
v. § CIVIL ACTION NO.
§ 4:14-cv-3253
§ JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE, §
RICHARD CLARK, KAREN TATE, §
SANDREA SANDERS, ROBERT EASON, the §
UNIVERSITY OF TEXAS MEDICAL §
BRANCH and the TEXAS DEPARTMENT OF §
CRIMINAL JUSTICE. §
DEFENDANTS §

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 17

1 409 772 5109

AUTOPSY SERVICES

10:33:25 a.m. 06-28-2012

1 / 12

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1578039
 Patient Name: TOGONIDZE, ALEXANDER
 Age: 45 YRS DOB: 12/02/66 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/09/11 1340
 Copies to:

UTMB
University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

1578039

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00167

AUTOPSY INFORMATION:

Occupation: INMATE Birthplace: UNKNOWN Residence: TEXAS
 Date/Time of Death: 8/8/2011 08:15 Date/Time of Autopsy: 8/10/2011
 Pathologist/Resident: CAMPBELL/DIVATIA Service: TDC CONTRACT
 Restriction: NONE

The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office, (409)772-2858.

FINAL AUTOPSY DIAGNOSIS

- I. Body as a whole: Clinical history of hypertension, hyperlipidemia, diabetes mellitus and hyperthermia (terminal body temperature greater than 106 degrees Fahrenheit) C1-3
 - A. Organs in situ: Severe autolytic changes A4
- / B. Pulmonary system:
 - 1. Lungs, bilateral: Congestion and edema (weights: right, 730 gm and left, 620 gm) A4
- / C. Cardiovascular system:
 - 1. Pulmonary arteries: No thromboemboli identified A4
 - 2. Coronary arteries: Moderate atherosclerosis with maximal stenosis of 40% (right coronary artery) A4
 - a. Heart: No evidence of myocardial infarct A4

RECEIVED

1578039

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***TYPE: Anatomic(A) or Clinical(C) Diagnosis.
 IMPORTANCE: 1-immediate cause of death (COD); 2-underlying COD;
 3-contributory COD; 4-concomitant, significant; 5-incidental ***

Patient Name: TOGONIDZE, ALEXANDER
 Patient Location: AUTOPSY
 Room/Bed: -
 Printed Date / Time: 06/28/12 - 0949

Page: 1

Continued....

1 409 772 5109

AUTOPSY SERVICES

10:33:40 a.m. 06-28-2012

2 / 12

Patient Account: 20005972-517*Med. Rec. No.:* (0150)1578039*Patient Name:* TOGONIDZE, ALEXANDER*Age:* 45 YRS *DOB:* 12/02/66 *Sex:* M *Race:* C*Admitting Dr.:* OUTSIDE TDCJ*Attending Dr.:* OUTSIDE TDCJ*Date / Time Admitted:* 08/09/11 1340*Copies to:*

UTMB

University of Texas Medical Branch

Galveston, Texas 77555-0543

(409) 772-1238

Fax (409) 772-5683

Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409) 772-2858

Autopsy No.: AU-11-00167

CLINICAL SUMMARY:

The deceased is a 44 year old Caucasian TDCJ inmate with a past medical history of diabetes mellitus, who was found unresponsive in his cell on 8-8-11 at approximately 07:50 am. Cardiopulmonary resuscitation was initiated. The vital signs recorded at this time were body temperature greater than 106 degrees Fahrenheit, pulse 162/min, respirations 40/min, and blood pressure 60/40 mmHg. An automatic external defibrillator was used which advised no shock and to continue resuscitation. Upon arrival, emergency medical services applied a heart monitor/defibrillator which showed asystole, and resuscitation was subsequently stopped. The patient was declared dead on 8-8-11 at 8:15 a.m. A complete autopsy was performed on 08-10-11 at 10:00 a.m.

Prescribed medications recorded in supplied Correctional Managed Care Urgent/Emergent Care records include the following:

Ecotrin (aspirin)

Tenformin (atenolol - beta blocker)

Benzac gel

Tegretol (carbamazepine)

Vasotec (enalapril - angiotensin converting enzyme inhibitor)

Pamelor (nortriptyline - tricyclic antidepressant)

Prilosec (omeprazole)

Pravachol (pravastatin)

Glucophage (metformin).

GC / GC
06/27/12*Patient Name:* TOGONIDZE, ALEXANDER*Patient Location:* AUTOPSY*Room/Bed:* -*Printed Date / Time:* 06/28/12 - 0949

Page: 2

Continued....

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AUTOPSY SERVICES

10:33:52 a.m. 06-28-2012

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Patient Account: 20005972-517
 Med. Rec. No.: (0150)1578039
 Patient Name: TOGONIDZE, ALEXANDER
 Age: 45 YRS DOB: 12/02/66 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/09/11 1340
 Copies to:

UTMB
University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00167

GROSS DESCRIPTION:

EXTERNAL EXAMINATION: The decedent, identified by left wrist band as "Alexander Togonidze", is a well developed, well nourished, Caucasian male, measuring 167 cm in length, and weighing approximately 188 lbs according to recent medical records. The general appearance is consistent with the reported age of 44 years. No personal belongings are accompanying the body. Rigor mortis is present in the arms and legs and there is fixed lividity on the dorsal surface. The head is normocephalic with short scalp hair (1.5 cm).

The pupils are equal and measure 0.3 cm in diameter. The corneas are cloudy, the conjunctivae and sclerae are mildly congested. The nares are patent without exudate. Dentition is adequate. Buccal membranes are pale without lesions. The trachea is midline. Palpation of the neck reveals no lymphadenopathy or thyromegaly.

Body hair distribution is that of a normal male. The chest diameters are normally proportioned. The abdomen is slightly protuberant. Lymph nodes in the supraclavicular, axillary and inguinal regions are not palpable.

The back is normal. The arms and legs are unremarkable. The genitalia are those of a normal male for the age.

INTERNAL EXAMINATION: The body is opened using a standard Y shaped incision, to reveal a 2.5 cm thick panniculus and the thoracic and abdominal organs in the normal anatomic positions. The left and right pleural cavities contain 10 and 15 ml of clear fluid respectively.

The pericardial sac contains minimal clear fluid.

The 3rd and 4th right ribs and 3rd to 5th left ribs are fractured following cardiopulmonary resuscitation.

The thymus is largely replaced by fat. No thromboemboli are found in the large pulmonary arteries. The height of the left diaphragm is at the 9th intercostal space in the mid axillary line.

The abdominal cavity contains minimal clear fluid (15-20 ml). There are no peritoneal adhesions.

CARDIOVASCULAR SYSTEM: Heart: The heart weighs 300 gm (normal male 270-360) and is normal in shape. The pericardium is unremarkable. The heart is examined by transverse serial slicing; opening following the flow of blood. The myocardium is homogeneous red-brown without scars, infiltrates or lesions. The endocardium is smooth and transparent. The left ventricular wall is 1.4 cm thick (normal 1.0-1.8 cm) at the junction of the posterior papillary muscle

Patient Name: TOGONIDZE, ALEXANDER
 Patient Location: AUTOPSY
 Room/Bed: -
 Printed Date / Time: 06/28/12 - 0949

Page: 3

Continued....

1409 772 5109

AUTOPSY SERVICES

10:34:10 a.m. 06-28-2012

4/12

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1578039
 Patient Name: TOGONIDZE, ALEXANDER
 Age: 45 YRS DOB: 12/02/66 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/09/11 1340
 Copies to:

UTMB
University of Texas Medical Branch
 Galveston, Texas 77555-0543
 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00167

GROSS DESCRIPTION:

and free wall, and the right ventricle is 0.4 cm thick (normal 0.25-0.3 cm) 2 cm below the pulmonic valve annulus, anteriorly. The valve leaflets and cusps are white, delicate and membranous with the exception of the aortic valve which has demonstrated cusps.

Valve circumferences measured on the fresh heart are: tricuspid valve 12.8 cm (normal 12-13 cm), pulmonic valve 8.7 cm (normal 8.5-9.0 cm), mitral valve 11.6 cm (normal 10.5-11.0 cm), and aortic valve 8.1 cm (normal 7.7-8.0 cm). The foramen ovale is closed.

Blood vessels: The coronary circulation is right dominant based on the origin of the posterior descending artery. The apex is supplied by the left coronary arteries. The coronary arteries reveal moderate atherosclerotic plaques with up to 40% stenosis of the right coronary artery located 10.5 cm from the origin. There is no evidence of hemorrhage, rupture/thrombosis of the plaques. The aorta exhibits atherosclerotic plaques without ulceration or calcification (10 % of this area involved by plaques) in the thoracic and abdominal portions. The celiac, superior and inferior mesenteric, renal and iliac arteries are normal. The superior and inferior vena cavae and their branches are normal. The portal vein is normal.

RESPIRATORY SYSTEM: Larynx and trachea: The laryngeal mucosa and vocal cords are normal. The tracheal mucosa is normal.

Lungs: The right lung weighs 730 gm (normal male 435), and the left 620 gm (normal male 385). The pleural surfaces are congested with anthracotic areas. Lividity is dorsal. The left lung is inflated with formalin before sectioning and the right lung is examined unfixed. The bronchial and vascular trees are normal. The hilar nodes are normal. The lung parenchyma and both the lungs is congested and edematous.

GASTROINTESTINAL TRACT: Esophagus: The esophageal mucosa is normal. The esophagus is firmly anchored to the diaphragm.

Tongue: The tongue is normal.

Stomach and duodenum: The stomach contains approximately 30 to 40 ml of dark colored fluid. The mucosa is predominantly autolyzed.

The duodenal mucosa is normal.

Pancreas: The pancreas and pancreatic duct are normal. The pancreatic duct is patent.

Biliary tract: The gallbladder mucosa, wall and serosa are normal. The

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AUTOPSY SERVICES

10:34:27 a.m. 06-28-2012

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Patient Account: 20005972-517
 Med. Rec. No.: (0150)1578039
 Patient Name: TOGONIDZE, ALEXANDER
 Age: 45 YRS DOB: 12/02/66 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
 Attending Dr.: OUTSIDE TDCJ
 Date / Time Admitted: 08/09/11 1340
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 (409) 772-1238
 Fax (409) 772-5683
Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00167

GROSS DESCRIPTION:

gallbladder contains approximately 12 ml of dark green thin bile. No stones are identified. The wall measures up to 0.5 cm in thickness. The cystic duct, hepatic duct, and common duct are normal. The bile is freely expressed from the ampulla on compressing the gallbladder.

Liver: The liver weighs 1320 gm (normal male 1400-1900). The cut surface of the liver is unremarkable. No discrete lesions are identified.

Small Bowel: The mucosal and serosal surfaces of the small bowel are normal. The lumen contains fecal material. The wall is 0.4 cm thick.

Large bowel: The mucosal and serosal surfaces are normal. The lumen contains feces. No discrete lesions are identified.

The appendix is grossly normal.

Rectum and anus: The rectum and anus are normal.

Reticulo-Endothelial System: Spleen: The spleen weighs 200 gm (normal 125-195 gm). It is normal in shape, size, density and color.

Lymph nodes: Lymph nodes in the mediastinum, abdomen and retroperitoneum are unremarkable.

Spine: The spine is normal.

Bone marrow: The thoracic and lumbar spine marrow is grossly normal. The trabeculae and cortical bone are normal density.

GENITO-URINARY SYSTEM: Kidneys: The kidneys are symmetric. The right and left kidneys weigh 170 and 160 gm respectively (normal male 125-170 gm). The capsules strip with ease to reveal dark brown unremarkable cortical surfaces. Serial slicing reveals well demarcated cortico-medullary junctions. The cortices are 0.4 cm thick; the medullas 1.4 cm thick. The pelves and calyces are normal. The renal pelvic mucosa is normal. Perihilar adipose tissue is normal.

Ureters: The ureters are normal throughout their length, measuring 0.2 cm in maximal external diameter. They are probe-patent into the bladder.

Bladder: The bladder is normal. The trigone is normal.

Prostate: The prostate is normal in size, color, consistency, and texture. The cut surface of the prostate is unremarkable. No discrete lesions are identified. The seminal vesicles are normal.

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AUTOPSY SERVICES

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6/12

Patient Account: 20005972-517
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 Patient Name: TOGONIDZE, ALEXANDER
 Age: 45 YRS DOB: 12/02/66 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00167

GROSS DESCRIPTION:

Testes: The right and left testes weigh 26.7 and 25 gm respectively (normal 20-25 gm). The cut surface of both the testes is normal. No discrete lesions are identified.

ENDOCRINE SYSTEM: Thyroid: The thyroid weighs 26.5 gm (normal 10-22 gm), and is red-brown and bosselated. The cut surface is homogeneous and red-brown. No discrete lesions are identified.

Adrenal glands: The right and left adrenal glands weigh 6.2 and 5.7 gm respectively (normal 5-6 gm). The cut surface of both adrenal glands are normal. No discrete lesions are identified.

BRAIN AND SPINAL CORD: The scalp, calvarium, base of the skull and dura mater are normal. The brain weighs 1500 gm (normal male 1200-1400). The gyri and sulci display a normal pattern without significant edema or atrophy. The leptomeninges are normal. The circle of Willis, basilar and vertebral arteries show mild atherosclerosis. No indentation/herniation of the cingulate gyri, uncus or molding of the cerebellar tonsils are noted. The brain is fixed in formalin for later examination by a neuropathologist (see neuropathology report).

SPINAL CORD: The grossly normal spinal cord is fixed in formalin for later examination by a neuropathologist.

PITUITARY GLAND: The grossly normal pituitary gland is fixed in formalin for subsequent examination by a neuropathologist.

During the autopsy, blood and vitreous samples were retained for potential further testing. Samples of liver, kidney, heart, lung, and spleen, were frozen for potential further examination.

Blood from heart was submitted for comprehensive toxicologic analysis, and vitreous fluid was submitted for electrolyte analysis (testing laboratory: Aegis Crimes, Aegis Sciences Corporation, Nashville, TN).

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08/17/11

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AUTOPSY SERVICES

10:34:57 a.m. 06-28-2012

7/12

Patient Account: 20005972-517
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 Patient Name: TOGONIDZE, ALEXANDER
 Age: 45 YRS DOB: 12/02/66 Sex: M Race: C
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00167

MICROSCOPIC DESCRIPTION:

Thyroid (slide 1A, H&E): No pathologic change.

Adrenal gland (slide 2A, H&E): No pathologic change, examination limited by autolysis.

Testis (slide 2A, H&E): No pathologic change. Spermatogenesis present.

Spleen (slide 3A, H&E): Reduction of white pulp, examination limited by autolysis.

Pancreas (slide 4A, H&E): No evident pathologic change, examination limited by severe autolysis.

Kidneys (right: slide 5A; left: slide 6A; H&E): Mild interstitial fibrosis, examination limited by autolysis.

Prostate gland (slide 7A, H&E): No pathologic change.

Vertebral body (slide 8A, H&E, decalcified): Cellularity: 60%; normal marrow trilineage cellular composition; normal bony trabeculae.

Liver (slide 9A, H&E): Steatohepatitis, macro and micro, centrilobular, moderate.

Colon (slide 10A, H&E): No pathologic change.

Ileum (slide 11A, H&E): No pathologic change.

Lung, left apex (slide 12A, H&E): Healed granulomas with central necrosis, consistent with old (inactive) tuberculosis.

Lungs (left: slide 13A; right: slides 14A-16A; H&E): Congestion and edema; post-mortem intravascular bacterial growth present.

Heart (right: slide 17A; left: slides 18A-19A; H&E): No pathologic change, examination limited by severe autolysis.

Coronary artery, right (slide 20A, H&E): Atherosclerosis, 40% maximal stenosis.

Blood toxicologic and vitreous electrolyte analysis results and interpretations:

Positive toxicologic results:

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AUTOPSY SERVICES

10:35:10 a.m. 06-28-2012

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Patient Account: 20005972-517
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 Patient Name: TOGONIDZE, ALEXANDER
 Age: 45 YRS DOB: 12/02/66 Sex: M Race: C
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00167

MICROSCOPIC DESCRIPTION:

Carbamazepine: 2.5 mcg/mL (reporting threshold 2 mcg/mL) - within therapeutic range

Nortriptyline: 751 ng/mL (reporting threshold 50 ng/mL) - somewhat above therapeutic range of 50-375 ng/mL and above level of 500 ng/mL at which toxicity has been reported. Effects of toxicity include cardiac arrhythmias. A reported lethal level is 13,000 ng/mL. Because the source of blood in this case was heart, artifactual post-mortem concentration is a possible factor in the elevated level of this drug.

All other analytes were negative.

Vitreous analysis results:

Urea Nitrogen: 38 mg/dL (reporting threshold 1 mg/dL) - mildly elevated (normal 8-20 mg/dL)

Sodium (Na): 123 mmol/L (reporting threshold 1 mmol/L) - decreased (normal 135-150 mmol/L)

Potassium (K): >9 mmol/L (reporting threshold 1 mmol/L) - normal (normal < 15 mmol/L)

Creatinine: 1.6 mg/dL (reporting threshold 0.1 mg/dL) - mildly increased (normal 0.6-1.3 mg/dL)

The above vitreous findings are somewhat consistent with hyponatremic dehydration, however chloride is normal (usually decreased in that condition).

References:

1. Winek CL, et al. Drug and chemical blood level data 2001. *Forensic Sci. Int.* 122:107-123, 2001.
2. Collins KA. Postmortem vitreous analyses. *Medscape Reference, Drugs, Diseases and Procedures*. [online: <http://emedicine.medscape.com/article/1966150>], 2011.

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06/27/12

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AUTOPSY SERVICES

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06-28-2012

9 /12

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1578039
 Patient Name: TOGONIDZE, ALEXANDER
 Age: 45 YRS DOB: 12/02/66 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
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Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-11-00167

CLINICAL HISTORY:

The deceased is a 44 year old Caucasian TDCJ inmate with a past medical history of diabetes mellitus, who was found unresponsive in his cell on 8-8-11 at approximately 07:50 a.m. Cardiopulmonary resuscitation was initiated. The vital signs at this time were temperature greater than 106 degrees Fahrenheit, pulse 162/min, respirations 40/min, and blood pressure 60/40 mmHg. An automatic external defibrillator was used which advised no shock and to continue resuscitation. Emergency medical services arrived and an electrocardiogram was performed and analyzed. It showed asystole, and resuscitation was subsequently stopped. The patient was declared dead on 8-8-11 at 8:15 a.m.. An autopsy was performed on 08-10-11 at 10:00 a.m. The cause of death in this patient is hyperthermia and the manner is accidental.

PATHOLOGIST/RESIDENT: CAMPBELL/DIVATIA

GROSS DESCRIPTION:

Submitted for neuropathologic examination are brain (unfixed weight 1500 g), convexity and posterior fossa dura, spinal cord with spinal dura (length 29 cm, conus medullaris and filum terminale present), and pituitary gland.

The dura is grossly unremarkable. There is no evidence of significant jaundice staining. There is no evidence of acute hemorrhages, subdural membranes, or masses. There is no evidence of thrombosis of the superior sagittal sinus.

External examination reveals the brain to be intact and normally developed with transparent convexity leptomeninges. There is mild gyral flattening, but no evidence of arachnoid hemorrhage, exudate, focal softening, discoloration, atrophy, or herniation. The major cerebral arteries have no significant atherosclerosis. The circle of Willis has a normal symmetric pattern, and no aneurysms or other malformations are identified.

The hemispheres are sliced coronally, revealing normal anatomic development and normal cerebral ventricles. The cerebral white matter is expanded and soft and pink due to incomplete fixation, and the gray-white junction is focally indistinct. No focal gross lesions are identified in the hemispheres. The brainstem and cerebellum are separated through the cerebellar peduncles, and the cerebellum is sliced sagittally and the brainstem transversely. Both structures are normally developed, and have normal pigmentation of substantia nigra and locus ceruleus. There is no evidence of gross lesions.

The spinal dura is opened anteriorly, revealing no evidence of extradural, subdural or arachnoid hemorrhage. The spinal cord is sliced transversely at 0.5 to 1 cm intervals, revealing normal development and no evidence of parenchymal lesions.

The pituitary gland is intact and normally developed, without external

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TOGONIDZE, ALEXANDER

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AUTOPSY SERVICES

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Patient Account: 20005972-517
 Med. Rec. No.: (0150)1578039
 Patient Name: TOGONIDZE, ALEXANDER
 Age: 45 YRS DOB: 12/02/66 Sex: M Race: C
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Pathology Report

NEUROPATHOLOGY CONSULTATION

Neuropath Office (409)772-2881

Autopsy No.: AU-11-00167

GROSS DESCRIPTION:

hemorrhages or other lesions. The horizontal cut surface reveals a darkly colored anterior lobe, but no evidence of focal internal lesions.

Photographs made during gross brain examination: none.

DICTATED BY: GERALD A. CAMPBELL, M.D., PATHOLOGIST
 06/27/12

SECTIONS TAKEN:

B1: Pituitary gland; B2: Right frontal, area 8; B3: Left basal ganglia; B4: Right cerebellum; B5: Right hippocampus.

FINAL DIAGNOSES:

- A. Brain and cranial dura (weight 1500 g):
 - 1. Brain: Cerebral edema, moderate (negative for herniations)
 - 2. Cerebral cortex and white matter: Autolytic changes
 - 3. Frontal white matter: Cerebral small vessel disease, mild
- B. Spinal cord and spinal dura (29 cm caudal segment): No abnormalities
- C. Pituitary gland: No abnormalities

COMMENTS:

Small vessel disease in this context refers to medial thickening and/or hyalinization of small parenchymal arteries and arterioles, and in some cases increased adventitial collagen of small veins and venules.

 The on-line version of the final autopsy report is abbreviated. If you would like a copy of the complete final report, or if you have any questions regarding this report, please contact the Autopsy Division Office,
 (409)772-2858.

GERALD A. CAMPBELL, M.D., PATHOLOGIST
 Division of Neuropathology .

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 Patient Location:
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 AUTOPSY Page:
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AUTOPSY SERVICES

10:35:53 a.m. 06-28-2012

11 /12

Patient Account: 20005972-517

Med. Rec. No.: (0150)1578039

Patient Name: TOGONIDZE, ALEXANDER

Age: 45 YRS DOB: 12/02/66 Sex: M Race: C

Admitting Dr.: OUTSIDE TDCJ

Attending Dr.: OUTSIDE TDCJ

Date / Time Admitted : 08/09/11 1340

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Pathology Report

Patient Name:

Patient Location:

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AUTOPSY SERVICES

10:36:02 a.m. 06-28-2012

12/12

Patient Account: 20005972-517
 Med. Rec. No.: (0150)1578039
 Patient Name: TOGONIDZE, ALEXANDER
 Age: 45 YRS DOB: 12/02/66 Sex: M Race: C
 Admitting Dr.: OUTSIDE TDCJ
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Pathology Report

FINAL AUTOPSY REPORT

Autopsy Office (409)772-2858

Autopsy No.: AU-11-00167

CLINICOPATHOLOGIC CORRELATION:

This 44-year-old Caucasian male decedent was found unresponsive in his cell in the Michael Unit in Palestine, Texas at approximately 7:50 am on August 8, 2011. His body temperature was recorded as greater than 106 degrees F., and he was tachycardic, tachypneic and hypotensive prior to cardiac arrest. The maximum environmental temperature for Palestine for the period 8/7 to 8/8/2011 was 104 degrees F. (weathersource.com). The decedent also had chronic diseases, including diabetes and hypertension, that may convey a general risk for hyperthermia, and his prescribed medications included atenolol, a beta blocker, which is known to interfere with cardiovascular response to increased environmental temperatures. Other cardiovascular and psychotropic drugs in this decedent's medication list are also possible factors increasing the risk for hyperthermia. There is no one specific autopsy finding that is universally recognized as diagnostic of death due to hyperthermia, however the results in this case, which included severe autolytic changes in most organs and absence of other anatomic causes of death, are consistent with this conclusion. Post-mortem toxicologic and vitreous electrolyte analyses were inconclusive.

In summary, based on the autopsy findings in combination with the clinical history and circumstances of death discussed above, we conclude that hyperthermia is the cause of death in this case. Chronic diseases, medications and environmental conditions are likely contributory factors. The manner of death is accidental.

GC /GC
 06/27/12

GERALD A. CAMPBELL, M.D., PATHOLOGIST
 GERALD A. CAMPBELL, M.D., PATHOLOGIST
 06/27/12

(Electronic Signature)

Patient Name: TOGONIDZE, ALEXANDER
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END OF REPORT

Plaintiffs' MSJ Appx. 177